

**AFRICA INTERNATIONAL  
JOURNAL OF MULTIDISCIPLINARY  
RESEARCH**

© OIRC Journals, 2018

[www.oircjournals.org](http://www.oircjournals.org)

ISSN: 2523-9430 (Online Publication)

ISSN: 2523-9422 (Print Publication)

**Meeting Health Needs of the Marginalized: Health Implications of  
Children Living in the Streets in Eldoret, Kenya**

Carren Morangi Onwong'a

Department of Children Services, Nairobi, Kenya,

P.O Box - 00100, Nairobi, Kenya

**ARTICLE INFO****Article History:**Received 3<sup>th</sup> January, 2018Received in revised form 8<sup>th</sup> January, 2018Accepted 29<sup>th</sup> January 2018Published online 19<sup>th</sup> February, 2018**Keywords:** Health Needs, Marginalized: Street Children, Kenya

enough data in planning effective interventions for them. This paper is an extract of a larger study that was conducted in Eldoret town and partly looks into the health implications of children living on the streets in Eldoret town, Uasin Gishu County, Kenya. A cross sectional descriptive type of study was conducted among 45 street children between the ages 8 to 16 years who were available at different bases of Eldoret town. Study findings show that street children in Eldoret face myriad health challenges which included poor access to health facilities where they were discriminated against and were also required to buy medication prescribed to them by health providers. The study recommends that sustainable interventions should be in place to remove street children from the streets to prevent them from exposure to harsh conditions that threaten their survival and development.

**ABSTRACT**

Globally, millions of street children live in the streets where they are deprived of social, economic, education and health opportunities for their survival. Street children grow up in an environment where equanimity and psychosocial stability is frequently threatened. To the worst, their health is compromised by shoddier and everyday deteriorating environmental conditions. This is compounded by inadequate research on health issues of street children hence, lack of

**Introduction**

Street children is a global phenomenon whose definition is quiet problematic and in the process of being clarified. Most recently street children have been referred to as all urban children who spent most of their time on the streets, whether working or not (Chowdhury et al. 2017). Both the street and working children may often suffer abuse and negligence. Many

children in situations of armed conflict or affected by natural disasters become street worker children. The main point is, all these children have been abandoned in some ways thus ending up in streets of urban setting (UNICEF, 2005). Worldwide the population of this children is estimated at 150 million UNICEF (2015). The United Nations Children's Fund placed the estimate to ten millions and labelled street children as *children in difficult*

Available Online at <http://www.oircjournals.org>

circumstances, representing a minority population which has been under-represented for too long in health research (de Benítez, 2011).

Africa having the greatest disease burden, street children present the most vulnerable and the highest health risk due to their lifestyle compared to children who live at home (Cumber et al. 2015). Street children health is at risk due to various socio-economic and cultural factors. Some of the factors include homelessness, risky sexual behaviour, substance abuse and violence. While so much has been done in improving education of children living in the streets less efforts have been directed to address health needs of street children in low and developing countries in the sub-Saharan region. Street children still face health problems such as growth and nutritional disorders, physical injuries, violence, sexual abuse, communicable diseases including diarrheal diseases, malaria, respiratory diseases, neglected tropical diseases, mental health issues, substance abuse, reproductive health disorders, mortality, sexually transmitted diseases and HIV/AIDS.

Kenya's population for the street children is approximated at over 600,000 although the figure is widely contested. This situation in Kenya is as a resultant of poverty, unemployment, family breakdown, child abuse, effect of peers, and other factors, related either to the social environment or to the personality of the child. Life of a street child in Kenya has an adverse effect on the health of children exposed these lifestyle, particularly on young children below 10 years. At this age, children are still dependent; so without the protection of adults, these children are vulnerable to the risk of health hazards and violence. Furthermore, the developing immune systems of children are not matched to the harsh environment of street life (Alperstein et al. 1988). More studies by Oino *et al.*, (2014) reports exposure to adverse weather, crime, overcrowding in shelters, unusual sleeping accommodations, poor hygiene and nutritional status, alcoholism and drug abuse as health risks among street children. Due to those exposures homeless children were reported to

have high rates of developmental, emotional and nutritional problems (Janet & Edna, 1987). Because of the most unmet health needs encountered by street children at early ages, they are bound to remain disadvantaged throughout their life-time and sometimes at risk of death.

A study by Ayaya and Esamai (2001) show street children in Eldoret as having a high incidence of childhood diseases, leading morbidity reported in respiratory and skin. More health risk streaming from drug abuse among the children in the street. This study further revealed a limited access to health care among street children; noting that there were no programmes in place specifically for them in public health facilities. SNV Kenya and GTZ (2002) recommend for advocacy and lobbying among policy makers and implementers to ensure that the provisions of the Children Act 2001 are translated into action and child friendly educational and other institutions (e.g. health services) are promoted and necessary changes made in the curricula and pedagogy.

In Ethiopia Street dwellers are estimated at 150,000-200,000 majority among them being females whose reproductive health is at large (Brickner et al. 1986). Molla et al., (2002) observes that a considerable number of female in Ethiopia are victims of rape and others are at risk of the same. Reports of the prevalence of rape among street females in Addis Ababa was 15.6% and additional 20.4% attempted rape being reported. Victims of rape were suffering from unwanted pregnancy, induced abortion, trauma of the genitalia and unusual vaginal discharge (Molla et al., 2002). World statistics places pregnancy rates among street youth as much higher than the rates of the general population, and seem to increase with the instability of a youth's housing situation. About 50% of street youth have had a pregnancy experience compared to about 33% living in shelters. Less than 10% of household youth have had a pregnancy experience. There is also high rate of HIV and sexually transmitted illnesses in the homeless youth population (Beech et al. 2001). Most homeless females do not have access to information regarding sexual

Available Online at <http://www.oircjournals.org>

health and safety. Homeless teen mothers showed a profound lack of knowledge or interest regarding birth control and reproductive health. In a study by (Feldmann & Middlman, 2003) more than half 50% of the female street children interviewed did not believe birth control was important. Evidence from more literature show limited access to health care among street children and families. There is no real opportunity for the street children to develop an ongoing relationship with a health care provider since they are highly mobile and health is a lower priority, as they struggle to meet the daily demands for food and shelter. Despite high levels of morbidity and mortality, street children reported multiple factors for their failure to receive appropriate treatments: limited access to health care, competing priorities, such as securing adequate food and shelter, and the feeling of being stigmatized by health care professionals. Therefore, a majority of street children did not seek medical help for diseases, opting, instead, to ignore their symptoms or, alternatively, to self-medication.

#### Methodology

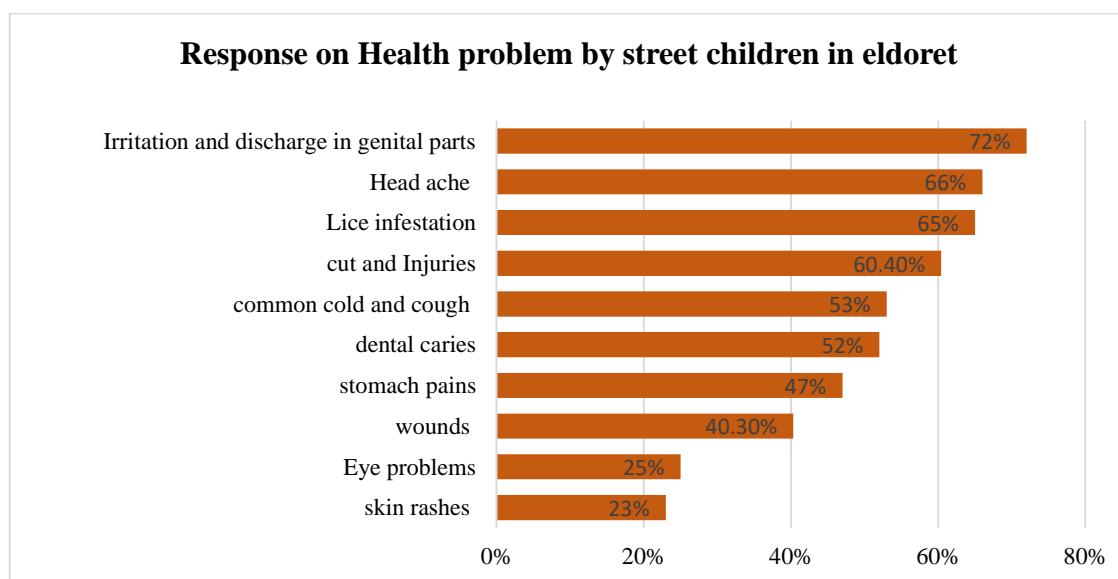
This paper is based on a study conducted in Eldoret town, Uasin Gishu County. The study

utilized a descriptive survey research design which targeted street children, social workers from NGO and officers from the department of Children and Eldoret Municipality. Data was collected using questionnaires for street children, Focus Group Discussions (FGDs) with three groups of street children and one FGD with social workers and key informant interviews were conducted with children officers and municipal officers. The unit of analysis were 45 street children who participated in the study. The paper is an outcome of one of the objectives of the study which examined the socio-political factors affecting street children in Eldoret town. The paper specifically focuses on health implications of children living on the streets in Eldoret town, Uasin Gishu County, Kenya.

#### Findings and Discussions

The researcher therefore sought to establish if indeed children have any health needs. They were asked to respond on a list of health problems they might have encountered during their time in the streets in order to document their health experiences. A majority 70% of street children indicted to have been sick with one or more compared to 30%. Figure 4 below shows the distribution of health problems as identified by the street children.

**Figure 4: Sickesses Commonly Suffered by Respondents**



Available Online at <http://www.oircjournals.org>

As illustrated in Figure 4 above, majority 72% of street children had suffered from one or more sexually transmitted diseases indentified as irritation and discharge from the genital. This finding could implies that street children are involved in unprotected sexual activities which has led to their vulnerability to contracting HIV/ AIDS. This finding is similar to that of the SNV/GTZ (2002) where street children in the streets of Nairobi during interviews and workshops, they identified the negative effects of sexual relationships as HIV/AIDS, STDs including syphilis and gonorrhoea. Focus group discussions with social workers revealed that sexual activities were rampant between the street children themselves and also with the community members. Taxi operators and watchmen indeed had sexual relations with street girls and this has contributed to the increase of street families as study findings show. An interview with health providers at MTRH health intervention project on street children also revealed more reported cases of STI.

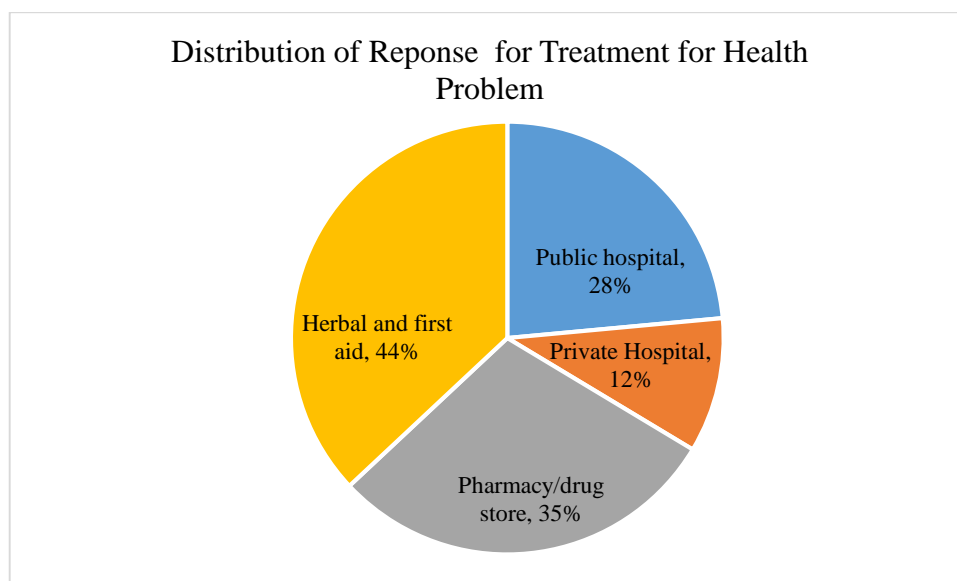
Head aches (66%) and lice infestation (65%) and cuts and injuries(60.4%) were also common health concerns among the street children. Observation from the field showed high exposure of street children to injuries from motocades, garbage pits and violnce of fighting that left them with deep cuts and other injuries.

Headacehs and lice infestiton was stimulated from their lifestyles and environment they lived. Observation revealed that the children spent more time roaming the streets begging for food and money to obtain basic needs and are found sleeping in half-destroyed houses, abandoned basements, under bridges and in the open air.

More respondends (53%,52% and 47%) identified common cold and coughs , dental caries and stomach pains respectvly as other health problem they experineced.Similar to this study, UNICEF (2003) observed that many street children look sick, and suffer from coughs, watering eyes and sores. UNICEF further observed that the street children also look filthy, and live in surroundings with poor sanitation which could result in spread of diseases like cholera and dysentery.

Other health issues identifeid by few of the respondents were wounds ( 40.3%), eye problem ( 25%) and skin rases(23%). More results from health practioners at the project jospital reported cases of typhoid, malaria, HIV/AIDS and injuries from motobikes. These results shows street children being exposed to so many health problem that need addressing.

The researcher further sought to ascertain where street children seek health services given that they were suffering from particular ailments. Results are as shown in figure 5.



Available Online at <http://www.oircjournals.org>

Herbal and self-administered aid was the most treatment source cited by street children and this accounted for 44% who had suffered from any ailment. Over the counter drug purchases was also used by 35% of the street children while 28% of the ailing children visited public hospitals for treatment while a minority 12% sought treatment from private hospitals. The Moi Referral and Teaching Hospital was the main source public hospital used for treatment of ailing street children. The findings imply that

street children are have access to various health providers but suffer financial capacity to acquire important medication and sometimes resulting to available health solutions.

The study sought information on attitude and services provided to street children by various health providers and facilities in the study location. Street children were asked to list health providers available to meet their health needs results are as shown in table 4.7

**Table 4.7: Health facilities providing services to street children**

Health facilities	Frequency	N=45
		%
Public Hospital	30	66.6%
Traditional Healers	12	26.7%
Pharmacy	20	44.4%
church	9	20%
ECCO (Referral Centre)	15	33.3%

As observed from table 4.7 majority 66.6% , street children mentioned public hospitals as health service providers, more 44% identified pharmacy as also providers of their health needs, some 33.3% mentioned ECCO while a good proportion 26.7% and 20 % mentioned traditional healers and churches respectively as agencies that meet their health need. This finding shows that the street children are aware of various agencies that can assist in health problems they encounter. It was important for the study to identify the experiences of street children while seeking for health services. One of the findings indicated that services in public health facilities were identified as good and friendly by 31.1% of street children as the rest 68.9% rated the services as fair and poor. A sample of street children complained of being discriminated, harassed and obtaining minimal assistant from public hospitals. An interview with hospital workers revealed poor attitude among the hospital providers who noted that they feel irritated treating the street children especially when they return after not following instructions from previous treatment. In an FGD with street children One girl said that:

*"When they (medics) discovered that this was my fourth time to seek treat for a similar STI in the same hospital, they were reluctant to treat me, they abused and accused me of being over-generous to every man who passes around at the expense of my body"* (Female Street child, 17 years).

Key informant interviews indeed confirmed this where it was found that street children with sexually transmitted infections (STIs) were looked down upon as they sought health services. Some of the street girls who participated in the study said that they involve themselves in sexual relationships on the streets as a way of survival. This confirms a study done by (Flynn, 2008) who asserts that female street children's sex-for-food relationships involved an intricate mixture of dependency, support, affection, threats and exploitation. The study found out that sex particularly for female street children was not only used for survival but also for self-gratification. As shown earlier street children were often asked to buy their own medicine upon prescriptions given by the health professionals and this accounted for 4.4 %.



Available Online at <http://www.oircjournals.org>

**Table 4.8: Street children experiences while seeking health services**

Experiences with seeking health services	Frequency	%
Good, they were friendly	14	31.1
Harassed due to my condition	3	6.7
Was asked to buy medicine	2	4.4
Bitter and hot medicine	1	2.2
Not Applicable	25	55.6
<b>Total</b>	<b>45</b>	<b>100.0</b>

Table 4.8 above indicates the street children experiences while seeking health services. In the sample 31.1% cited good and friendly. Majority of the street children sought medical help from the Moi Referral and Teaching Hospital which was sufficiently equipped and provided free medical services to Eldoret street children. Street children indicated that they were harassed due to their conditions and represented 6.7%. This was attributed to the type of diseases/ illnesses that street children were vulnerable to. The study found that majority of street children suffered from STDs and skin rashes which were stigmatised and also perceived to be highly transferrable through contact respectively.

Street children also cited that they were asked to buy medicine as indicated by 4.4%. Most of the medical services provided to street children in Eldoret Town were diagnostic but drugs for treatment were rarely provided. The street children were provided with the prescription which they would purchase themselves. In the sample, 2.2% indicated that the medicine was hot and bitter; this was attributed to those who

had sought medical treatment from traditional healers. Traditional healers' services were perceived to be cheaper and were easily accessible to street children.

The Orphaned and Separated Assessments (OSCAR) - health project was the most prominent in Eldoret town and was situated at the Moi Referral and Teaching Hospital (MRTTH). Within the OSCAR project social workers refer street children to any of the other public health facilities in Eldoret. Focus group discussions revealed that street children do indeed suffer from discrimination due to their status at the hospitals. Hospitals also asked for comprehensive lists of street children and documentation for them to access services. However, these were not often available for most of the street children who may use different identification names during different exercise.

The study explored challenges experienced by street children in meeting their health needs. Table 4.9 below shows frequency of response on challenges.

Challenge Statement	Frequency	Percentage
Financial barriers	15	33.3%
Lack of health related knowledge and awareness	10	22.2%
Discrimination and inequality in health service provision	8	17.8%
Inaccessibility of health facilities	7	15.6%
Mobility to health facilities	5	11.1%
<b>Total</b>	<b>45</b>	<b>100%</b>

Majority of street children indicated accessibility as a challenge in meeting their health needs. They mentioned difficulty in getting money to buy drugs which they are

mostly asked to when they visit the hospitals. More difficult was resulting from examining and treating more complicated diseases such that they end up wrongly diagnosed or survive

Available Online at <http://www.oircjournals.org>

on pain killers to ease pain rather than treating the diseases due to costs.

Some mentioned lack of health related knowledge and awareness among street children. An FGD with the street children revealed delays in seeking health care as most of the time they ignore symptoms which lead to chronic illness reported at late stages. Similar observation was addressed by health practitioner who notes that most street children report very chronic situation which makes it difficult for them to treat them.

Others 17.8% 15.6% and 11.1% mentioned discrimination and inequality in health service provision, inaccessibility of health facilities and mobility difficulties as challenges that affected them in meeting their health needs. An interview with social workers and hospital officials revealed more challenge in meeting health needs of the street children. Poor prevention behaviour was mentioned by most officials who noted meeting reproductive health needs of most street children was difficult because they did not use condoms and for those already infected with HIV/Aids were not observing nutritional and medical advice. The difficulty in changing the living environment of the street children was also identified a challenge in meeting health needs of these vulnerable group. One official observed that the environment that these group lives in exposes them to severe respiratory

diseases treatment when the environment does not change is futile.

### **Conclusion and Recommendations**

From the findings of the study it was evident that over 60% of street children had experienced one or more health problem with majority of the health issues influenced by environment and poor health behaviour. Considerable number of the street children reported to be seeking health solutions from nearby health facilities but they were not satisfied with the health services provided to them and attitude of health providers towards them. Access to health care and treatment among street children in the study area was still low with poor attitude from the providers and few facilities addressing their health needs. More challenges were faced due to lack of drugs whereby they were focused to procure from pharmacies and other drug stores which they could not afford. There were more cases of unaddressed STI cases among the street children who faced stigmatization and lack of awareness on health related action towards these.

The study therefore recommends initiation of an integrated program that addresses all issues concerning street children with emphasis to street health needs awareness and prevention.

### **References**

- Alperstein G, Rappaport C, and Flanigan J.M. (1988). Health problems of homeless children in New York City. *American Journal of Public Health*: 78: 1232-33.
- Ayaya S. O. and Esama, F. O (2001) Health problems of street children in Eldoret, Kenya *East African Medical Journal*, 2001; 78 (12): 624-630
- Brickner M. A. (1986) Effects of Personal Involvement: Thought-Provoking Implications for Social Learning *Journal of Personality and Social Psychology* 1986, Vol. 51, No. 4, 763-769
- Beech, A. R., Friendship, C, Erikson, M., & Ditchfield, J. (2001). A six-year follow-up of men going through representative probation based sex offender treatment programmes. *HMSO*, 114, 1/4. Available electronically from: <http://www.homeoffice.gov.uk/rds/pdfs/r144.pdf>
- de Benítez S.T. (2011). *State of the world's street children: research*. London: Consortium for Street Children.
- Feldmann, J., & Middleman A. (2003). Homeless adolescents: common clinical concerns. *Seminars in Pediatric Infectious Disease*, 14(1), 6-11.
- Janet W. and Edna M. (1987). The depression of homeless children: A focus for nursing intervention. *Comprehensive Pediatric Nursing*; 14:17-19.
- Joseph A. J. A & Olukemi A. A. (2012). *Predisposing Factors Influencing Psychoactive*

Available Online at <http://www.oircjournals.org>

- Substances Consumption among Students in Tertiary Institutions in Nigeria. *British Journal of Humanities and Social Sciences* 57, Vol. 8 (1)
- Kassaye, M. H.T. Sherief, G. Fissehaye and Teklu. T. (1999). Drug Use among High School Students in Addis Ababa and Butajira, Ethiopia. *J. Health Dev*, 13(2), 101-106.
- Molla, M; Andrae, P; Glasner, J; Blattner, F. and Shavlik, J. 2002. Interpreting Microarray Expression Data Using Text Annotating the Genes. *Information Sciences* 146:75-88.
- Morakinyo J, Odejide A.O. (2003). A Community Based Study of Patterns of Psychoactive Substance Use among Street Children in a Local Government Area of Nigeria: Drug and Alcohol Dependence; 00:1-8.
- ODCCP. (1999). Drug Abuse: Rapid Situation Assessment and Responses. ODCCP Studies on Drugs and Crime. United Nations.
- Oino, P G, Towett, G & Kioli F. N, (2014). Patterns and Dynamics of Psychoactive Substance Use among Street Children in Eldoret Municipality, Kenya," *International Journal of Innovation and Scientific Research*, 7(2):163-170.
- Sajeda Chowdhury, Abu Sayeed Chowdhury, KATMEh Sanul Huq, Yasmin Jahan, Rubana Chowdhury, Toufiq Ahmed, Md Moshir Rahman (2017) Life Style and Risk Behavior of Street Children in Bangladesh: A Health Perspective *Scientific research publishing*
- Sorre, B. (2009). Patterns of Migrations among Street Children in Kenya: An Ethnographic Account of Street Children in Kisumu Municipality. Germany: Lambert Academic Publishing.
- Towe V.L, ul Hasan S, Zafar ST, Sherman S. G. (2009). Street life and drug risk behaviours Associated with Exchanging sex among male street children in Lahore, Pakistan. *J Adolesc Health* 44: 222-228.
- UNICEF. (2015). Children in street situation. [www.unicef.org/tdad/index\\_56502.html](http://www.unicef.org/tdad/index_56502.html) (accessed July 10, 2015).
- UNICEF (2005). Though Physically Visible, Street Children Are Often Ignored, Shunned and Excluded. <https://www.unicef.org/sowc06/profiles/street.php>
- UNICEF, (2006), 'A new approach to Egypt's street children', available at: [http://www.unicef.org/sowc/egypt\\_30616.html](http://www.unicef.org/sowc/egypt_30616.html) [accessed 3 August 2016],